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JUL 0 7 2008 (2)				Commissioner fo P.O. Box 1450	r Patents		
(2) JOE 0	(3)		Ā	.0. Box 1430 Alexandria, Virg 571)-273-2885	inia 22313-1450		
	<b>3</b> /				ired) Pleaks 1 through 6	should be seembled all	
appropriate. All fundamental indicated unless correct maintenance fee notifica	ed below or directed our	or transmitting the 1550 in the Patent, advance of the Patent, advance of the transmitting the 1550 in	rders and notification of specifying a new con	f maintenance fees verspondence address	will be mailed to the current; and/or (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for	
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21171 STAAS & HA		72008	I	hereby certify that th	rtificate of Mailing or Tran	ng deposited with the United	
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WASHINGTON, DC 20005				(Depositor's name)			
						(Signature)	
				, (Date)			
APPLICATION NO.	FILING DATE	.	FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/842,017 04/26/2001 Shoji Suzu							
TITLE OF INVENTION	: METHOD OF DATA I	PROCESSING SERVICE	FOR DIGITAL CAM	ERA AND SYSTEM	USING THE SAME		
						•	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/06/2008	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	7			
SAX, STEVEN PAUL		2174	345-764000				
1. Change of correspondence address or indication of "Fee Address" (37  2. For printing on the patent front page, list CFR 1.363).						& HALSEY LLP	
	ondence address (or Cha B/122) attached.	nge of Correspondence	or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
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4a. The following fee(s)	are submitted:	41	p. Payment of Fee(s): (P		ny previously paid issue fe	e shown above)	
Issue Fee	IIIib di		d. card. Form PTO-2038	R is attached			
					rge the required fee(s), any c er <b>19-3935</b> (enclose	leficiency, or credit any	
5. Change in Entity Sta		I shove)	overpayment, to De	posit Account Numb	er 19-3935(enclose	an extra copy of this form).	
_ ~ .	s SMALL ENTITY statu	•	☐ b. Applicant is no	onger claiming SMA	LL ENTITY status. See 37 (	CFR 1.27(g)(2).	
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